

Application Data Sheet

Application Information

Subject Matter:: Utility
Title:: METHODS OF TREATING REVERSIBLE OBSTRUCTIVE PULMONARY DISEASE
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 2
Small Entity:: Yes

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Christopher James
Family Name:: DANEK
City of Residence:: San Carlos
State of Province of Residence:: CA
Country of Residence:: USA
Street of mailing address:: 50 Pine Avenue
City of mailing address:: San Carlos
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94070

Applicant Authority type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Michael
Family Name:: BIGGS
City of Residence:: Santa Clara

State of Province of Residence:: CA
Country of Residence:: USA
Street of mailing address:: 639 Azevedo Court
City of mailing address:: Santa Clara
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95051

Applicant Authority type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Bryan
Family Name:: LOOMAS
City of Residence:: Los Gatos
State of Province of Residence:: CA
Country of Residence:: USA
Street of mailing address:: 265 Snow Crest Road
City of mailing address:: Los Gatos
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95033

Applicant Authority type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Michael D.
Family Name:: LAUFER
City of Residence:: Menlo Park
State of Province of Residence:: CA
Country of Residence:: USA
Street of mailing address:: 1259 El Camino Real, #211
City of mailing address:: Menlo Park
State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94025

Applicant Authority type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Gary
Family Name:: KAPLAN
City of Residence:: San Francisco
State of Province of Residence:: CA
Country of Residence:: USA
Street of mailing address:: 111 Caselli Avenue
City of mailing address:: San Francisco
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94114

Applicant Authority type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Kelly
Family Name:: SHRINER
City of Residence:: Arlington
State of Province of Residence:: MA
Country of Residence:: USA
Street of mailing address:: 191 Highland Ave
City of mailing address:: Arlington
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02476

Correspondence Information

Correspondence Customer Number:: 41728

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/640,967	8/13/03
10/640,967	Continuation of	09/535,856	3/27/00
09/535,856	Continuation-in-part	09/296,040	4/21/99
09/296,040	Continuation-in-part	09/095,323	6/10/98
This Application	Continuation-in-part	09/436,455	11/8/99
09/436,455	Continuation-in-part	09/095,323	6/10/98
09/436,455	Continuation-in-part	09/349,715	7/8/99

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Asthmatx, Inc.
Street of mailing address:: 1340 Space Park Way
City of mailing address:: Mountain View
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94043